

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form ([see an example](#)) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

### ARTICLE DETAILS

|                            |   |
|----------------------------|---|
| <b>TITLE (PROVISIONAL)</b> | The essential elements of health impact assessment and healthy public policy: practitioner perspectives |
| <b>AUTHORS</b>             | Harris, Patrick; Kemp, Lynn; Sainsbury, Peter   |

### VERSION 1 - REVIEW

|                        |  |
|------------------------|--|
| <b>REVIEWER</b>        | Timo Ståhl, Dr<br>Technical Officer<br>Noncommunicable Diseases and Mental Health Cluster<br>World Health Organization<br><br>I do not have any competing interests. |
| <b>REVIEW RETURNED</b> | 30-May-2012  |

|                  |  |
|------------------|--|
| <b>THE STUDY</b> | <p>Study design</p> <p>The study investigated the relationship between Health Impact Assessment (HIA) and Healthy Public Policy (HPP) in order to clarify what their essential elements are and how they are interrelated. As a design they used qualitative interviews (face-to-face and focus group).</p> <p>As a major concern in the design, I see the lack of analysis of the concepts (HIA, HPP) – how are they defined in the literature (e.g. WHO health promotion glossary, Gothenburg consensus paper on health impact assessment)? The authors should have provided the readers with at least the definitions of these concepts if not a detailed analysis. Now authors move directly to operationalization of these concepts and consider their relationships from the practitioners' perspective. A reader who does not know these concepts before is bound to be lost – it's not very useful to them. The concept of HPP, especially, would need a more detailed analysis. What is it according to the paper and or literature – a process, a tool, an outcome, an approach...?</p> <p>The paper introduces many similar concepts to HPP, like whole of government, Health in All Policies and intersectoral collaboration. However, these relationships are not thoroughly discussed/analyzed.</p> <p>In order to contribute to the field, the paper should first introduce the definitions of these concepts and thereafter how they are operationalized by the interviewees. When this is done, it's possible to study their relationship which in my opinion may not be the core research question anymore.</p> <p>Methods</p> |
|------------------|--|

|                                  |   |
|----------------------------------|---|
|                                  | <p>The chosen method is relevant but the level of the analysis is too general. If it is not possible to present a more detailed analysis of all (essential elements of HIA and HPP and their relationship) research items the authors should focus e.g. only on HPP and give an in-depth analysis of it. The level of the analysis is at such a general level that the “idea”/rationale of using qualitative research is suffering.</p> <ul style="list-style-type: none"> <li>- For the description of the data, the country of the interviewees is needed (region is not enough)</li> <li>- Description of the “collective 100 years’ experience” is not very useful</li> <li>- How many interviewers/who conducted them?</li> <li>- It’s not clear what/where the emergent core categories (for what) and especially the role of guiding questions “what is interesting”, “why it is interesting” etc.</li> <li>- Data analysis is not clearly described: PH did alone all the analysis and when other authors commented on the results of the analysis/findings did they not consult the “original” coded data??</li> </ul> <p>The analysis of the focus group (workshop data) is not clear. Based on the information provided, it discussed only about the relationship between HIA and HPP. Thus, results on HIA’s and HPP’s essential elements are only from individual interviews?? If this is the case, it should be clearly stated.</p> |
| <b>RESULTS &amp; CONCLUSIONS</b> | <p>Results</p> <p>It’s not clear when results are drawn from the interviews and when from focus groups. Reference to participants is (e.g. page 10, line 33) not detailed enough. The relationship between HIA and HPP was very shortly considered although it was the main research question. A more detailed analysis would be more welcomed.</p> <p>-Who are the HPP stakeholders (page 8, line 46)?</p> <p>In general I think the paper has major shortcomings. It requires extensive revision. However, the issue is important and the paper has a potential to contribute to the field by increasing our understanding how the practitioners operationalize HPP and HIA and the possible policy implications it may have.</p>   |
| <b>GENERAL COMMENTS</b>          | <p>The essential elements of Health Impact Assessment and Healthy Public Policy and the relationship between them. A critical realist empirical study.</p> <p>Harris et al (2012)</p> <p>Study design</p> <p>The study investigated the relationship between Health Impact Assessment (HIA) and Healthy Public Policy (HPP) in order to clarify what their essential elements are and how they are interrelated. As a design they used qualitative interviews (face-to-face and focus group).</p> <p>As a major concern in the design, I see the lack of analysis of the concepts (HIA, HPP) – how are they defined in the literature (e.g. WHO health promotion glossary, Gothenburg consensus paper on</p>  |

|  |  |
|--|--|
|  | <p>health impact assessment)? The authors should have provided the readers with at least the definitions of these concepts if not a detailed analysis. Now authors move directly to operationalization of these concepts and consider their relationships from the practitioners' perspective. A reader who does not know these concepts before is bound to be lost – it's not very useful to them. The concept of HPP, especially, would need a more detailed analysis. What is it according to the paper and or literature – a process, a tool, an outcome, an approach...?</p> <p>The paper introduces many similar concepts to HPP, like whole of government, Health in All Policies and intersectoral collaboration. However, these relationships are not thoroughly discussed/analyzed.</p> <p>In order to contribute to the field, the paper should first introduce the definitions of these concepts and thereafter how they are operationalized by the interviewees. When this is done, it's possible to study their relationship which in my opinion may not be the core research question anymore.</p> <p>Methods</p> <p>The chosen method is relevant but the level of the analysis is too general. If it is not possible to present a more detailed analysis of all (essential elements of HIA and HPP and their relationship) research items the authors should focus e.g. only on HPP and give an in-depth analysis of it. The level of the analysis is at such a general level that the "idea"/rationale of using qualitative research is suffering.</p> <ul style="list-style-type: none"> <li>- For the description of the data, the country of the interviewees is needed (region is not enough)</li> <li>- Description of the "collective 100 years' experience" is not very useful</li> <li>- How many interviewers/who conducted them?</li> <li>- It's not clear what/where the emergent core categories (for what) and especially the role of guiding questions "what is interesting", "why it is interesting" etc.</li> <li>- Data analysis is not clearly described: PH did alone all the analysis and when other authors commented on the results of the analysis/findings did they not consult the "original" coded data??</li> </ul> <p>The analysis of the focus group (workshop data) is not clear. Based on the information provided, it discussed only about the relationship between HIA and HPP. Thus, results on HIA's and HPP's essential elements are only from individual interviews?? If this is the case, it should be clearly stated.</p> |
|--|--|

|  |   |
|--|---|
|  | <p>Results</p> <p>It's not clear when results are drawn from the interviews and when from focus groups. Reference to participants is (e.g. page 10, line 33) not detailed enough. The relationship between HIA and HPP was very shortly considered although it was the main research question. A more detailed analysis would be more welcomed.</p> <ul style="list-style-type: none"> <li>- Who are the HPP stakeholders (page 8, line 46)?</li> </ul> <p>In general I think the paper has major shortcomings. It requires extensive revision. However, the issue is important and the paper has a potential to contribute to the field by increasing our understanding how the practitioners operationalize HPP and HIA and the possible policy implications it may have.</p> |
|--|---|

|                        |   |
|------------------------|---|
| <b>REVIEWER</b>        | Jonathan Mathers<br>Research Fellow<br>University of Birmingham<br>United Kingdom |
| <b>REVIEW RETURNED</b> | 26-Jun-2012   |

|                  |  |
|------------------|--|
| <b>THE STUDY</b> | <p>This is an interesting manuscript and addresses an important concern, namely the relationship between health impact assessment and healthy public policy. It manages to report relevant findings in a manner which clearly distinguishes the features of HIA and HPP and the contingent nature of policy development. However, I am unsure as to whether in doing so it manages to give genuine novel in-depth insights that might clearly inform and frame HIA practice, and aid HPP development. Methodologically I also felt that the paper fails to deliver on the promise of in-depth qualitative insights into these issues, and presents a somewhat superficial listing of factors, rather than a nuanced exploratory qualitative account, supported by links to the underlying data.</p> <p>There is very little methodological detail and description which might aid a reader who is unfamiliar with critical realism and the methods presented.</p> <p>Regarding sampling table one could provide further information regarding interview participants. For example, what does 'consultant' and 'institute' mean exactly; length of experience in what; how is expertise defined; who are the govt participants etc? Also as noted in the discussion this seems to be a highly selective sample of HIA practitioners, users and advocates, rather than a broad sample that also includes a range of policy / decision-makers who may be less familiar with HIA and / or HPP, and whose perspectives may be as valuable, if not more so, than the established HIA community.</p> <p>How complete is the dataset presented? How much depth of insight has been gained? Is data saturation relevant with this methodological approach, and if so was this achieved? There is no</p> |
|------------------|--|

|                                  |   |
|----------------------------------|---|
|                                  | <p>mention of this in the manuscript, despite this being checked in the accompanying checklist. What was the relationship between sampling, data collection and analysis? Are these reciprocal and iterative in this methodological approach, or is an unjustified convenience sample appropriate?</p> <p>Although we are presented with a set of analytical questions there is little detail about the exact process for analysis. Again in the checklist presented it's indicated that 3 coders coded data, whereas the manuscript suggests that the lead author coded the data and that other authors commented on 'results', rather than undertaking a similar coding exercise. These inconsistencies between the checklist and manuscript do raise some concerns which would require clarification.</p>                      |
| <b>RESULTS &amp; CONCLUSIONS</b> | <p>The results do address the research question, but my major concern with the paper is the lack of depth and detail in the qualitative analysis presented. As already mentioned results are presented mainly as a list of factors, without detailed descriptive accounts of these, without demonstration of links to the underlying data via quotations, and with no indication as to the consensus or otherwise amongst the sample included. It's unclear whether this is a result of word constraints, lack of in-depth underlying data on the broad range of factors identified, or indicative of a lack of in-depth data analysis. Ultimately I do not get a good sense of who the participants are, and a feeling that I am being presented with an in-depth account of their experience, as claimed in the discussion.</p> |
| <b>REPORTING &amp; ETHICS</b>    | <p>As noted above there appear to be some inconsistencies between the statements given in the accompanying checklist and details contained within the manuscript.</p>   |

### VERSION 1 – AUTHOR RESPONSE

Reviewer 1: Timo Ståhl, Dr

“As a major concern in the design, I see the lack of analysis of the concepts (HIA, HPP) - how are they defined in the literature (e.g. WHO health promotion glossary, Gothenburg consensus paper on health impact assessment)?

The authors should have provided the readers with at least the definitions of these concepts if not a detailed analysis. Now authors move directly to operationalization of these concepts and consider their relationships from the practitioners' perspective. A reader who does not know these concepts before is bound to be lost - it's not very useful to them. The concept of HPP, especially, would need a more detailed analysis. What is it according to the paper and or literature - a process, a tool, an outcome, an approach.?

The paper introduces many similar concepts to HPP, like whole of government, Health in All Policies and intersectoral collaboration. However, these relationships are not thoroughly discussed/analysed.

In order to contribute to the field, the paper should first introduce the definitions of these concepts and thereafter how they are operationalized by the interviewees. When this is done, it's possible to study their relationship which in my opinion may not be the core research question anymore.”

Response

We have added definitions of HIA and HPP from suggested sources and included some debates in the literature around these definitions. HPP has historically been poorly defined, which is partly what

this research has addressed, and we demonstrate this by using the WHO glossary which refrained from defining HPP at all. We have also added definitions of Health in all policies (HiAP) and HiAP's definitional incorporation of intersectoral action.

We agree with the reviewer about practitioner operationalization and have focussed the paper to be more explicit about this given it was our original intent. We however disagree that the research question changes, and are explicit in the method that the first aspect of understanding this question is to empirically disentangle the necessary and contingent aspects of the objects within the relationship. We firmly believe that doing this enables a better understanding of the relationship by separating out all the factors in that relationship. We stress that the results presented provide readers with a clearer understanding of the relationship than has previously been identified. However, given this point about the research question was raised, we have in this revision focused less explicitly on the research question and more on these results.

"The chosen method is relevant but the level of the analysis is too general.

If it is not possible to present a more detailed analysis of all (essential elements of HIA and HPP and their relationship) research items the authors should focus e.g. only on HPP and give an in-depth analysis of it. The level of the analysis is at such a general level that the "idea"/rationale of using qualitative research is suffering."

#### Response

We have revised and expanded the results to address this important point however we are reluctant to change the focus of the paper to one or other aspect given our intention is to focus on HIA and HPP as they occur in reality. We possibly went too far in the original paper in presenting the essential elements to the extent we lost the qualitative depth required to reach those elements. We believe we have addressed this in the revised version in the results and have written our interpretation and depth of participant understanding back into these results.

#### "Methods

- For the description of the data, the country of the interviewees is needed (region is not enough)

Description of the "collective 100 years' experience" is not very useful"

#### Response

We have now emphasised the purposive sampling methods which hinges on participants' experience and written this experience as text rather than in a table.

"- How many interviewers/who conducted them?"

#### Response

We have addressed this in sentence one para 2 of the methods.

"- It's not clear what/where the emergent core categories (for what) and especially the role of guiding questions "what is interesting", "why it is interesting" etc."

#### Response

These are standard questions for qualitative analysis (we have kept the reference to a qualitative research methods textbook that demonstrates their utility) although we have deleted the 'emergent' comment to simplify the sentence and added that the (for what) is the relationship between HIA and HPP.

"- Data analysis is not clearly described: PH did alone all the analysis and when other authors

commented on the results of the analysis/findings did they not consult the "original" coded data?"

Response

We have added that original coded data was included in this process.

"The analysis of the focus group (workshop data) is not clear. Based on the information provided, it discussed only about the relationship between HIA and HPP. Thus, results on HIA's and HPP's essential elements are only from individual interviews?? If this is the case, it should be clearly stated.

Response

We have expanded the methods for the workshop data. We have added that both data from interviews and workshop were included in the analysis. The purpose of the analysis of the workshop data (and indeed the mostly conversational interview data which we have explicitly commented as our method) was to tease out the essential elements from the responses. Doing so was challenging and time consuming but this was the task we set ourselves and that remains explicit in our method and results in this paper.

"Results

It's not clear when results are drawn from the interviews and when from focus groups. Reference to participants is (e.g. page 10, line 33) not detailed enough."

Response:

We do not think it is useful to single out data sources or participants given the analysis concerns the data as a whole, and the source of the data was not relevant to the research question.

"The relationship between HIA and HPP was very shortly considered although it was the main research question. A more detailed analysis would be more welcomed."

Response

Our intention with the paper was that all the results are concerned with the relationship, but that the first step in understanding that relationship is to clearly delineate the elements within each object. We disagree that the focussed section on the specific relationship is under considered but, rather, usefully describes how this was characterised by participants. We have re-written the public policy and other contingent factors to demonstrate how they were operationalized as influencing the relationship.

"-Who are the HPP stakeholders (page 8, line 46)?"

Response

This has been deleted and replaced by 'including those from different sectors and the community'

"In general I think the paper has major shortcomings. It requires extensive revision. However, the issue is important and the paper has a potential to contribute to the field by increasing our understanding how the practitioners operationalize HPP and HIA and the possible policy implications it may have."

Response

We believe we have addressed these shortcomings in the revised version and thank the reviewer for his insightful comments.

Reviewer 2: Jonathan Mathers

“This is an interesting manuscript and addresses an important concern, namely the relationship between health impact assessment and healthy public policy.

It manages to report relevant findings in a manner which clearly distinguishes the features of HIA and HPP and the contingent nature of policy development. However, I am unsure as to whether in doing so it manages to give genuine novel in-depth insights that might clearly inform and frame HIA practice, and aid HPP development.

Methodologically I also felt that the paper fails to deliver on the promise of in-depth qualitative insights into these issues, and presents a somewhat superficial listing of factors, rather than a nuanced exploratory qualitative account supported by links to the underlying data.”

#### Response

We have explicitly made clear the novelty is in identifying rather than conflating core elements and identifying rather than conflating what is contingent to the relationship between HIA and HPP. We have revised the paper to present an in depth analysis of the issues that inform and frame HIA practice for HPP development. This analysis has explicitly included links to the underlying data which we agree was a shortcoming of the original submitted manuscript.

“There is very little methodological detail and description which might aid a reader who is unfamiliar with critical realism and the methods presented.

Regarding sampling table one could provide further information regarding interview participants. For example, what does 'consultant' and 'institute'

mean exactly; length of experience in what; how is expertise defined; who are the govt participants etc? Also as noted in the discussion this seems to be a highly selective sample of HIA practitioners, users and advocates, rather than a broad sample that also includes a range of policy / decision-makers who may be less familiar with HIA and / or HPP, and whose perspectives may be as valuable, if not more so, than the established HIA community.”

#### Response

We have deleted the table while retaining original and providing additional information about the participants in the text. We have placed better emphasis on the purposive sampling method (previously and incorrectly labelled convenience sample). We have justified this method in more detail given our intention was to understand how experienced practitioners understand HIA and HPP with a focus on HIA. We have retained our observation that our sampling is a limitation in the final paragraph of the discussion with the suggestion that future research sample policy decision makers.

“How complete is the dataset presented? How much depth of insight has been gained? Is data saturation relevant with this methodological approach, and if so was this achieved? There is no mention of this in the manuscript, despite this being checked in the accompanying checklist.”

#### Response

We believe the data presented and results qualitatively demonstrate the current experience of those working in the field of HIA and HPP, and thereby provide depth of insight and analysis currently missing from the literature. However we acknowledge that the original manuscript did not reflect the depth of our analysis over the past two years. Data saturation was in the original manuscript and has been retained in the appropriate paragraph (page 8 para 2).

“What was the relationship between sampling, data collection and analysis? Are these reciprocal and iterative in this methodological approach, or is an unjustified convenience sample appropriate?”



#### Response

We acknowledge this perceptive point as a mistake in the original and have revised to incorporate purposive sampling (with a reference to this method).

“Although we are presented with a set of analytical questions there is little detail about the exact process for analysis.

Again in the checklist presented it's indicated that 3 coders coded data, whereas the manuscript suggests that the lead author coded the data and that other authors commented on 'results', rather than undertaking a similar coding exercise.

These inconsistencies between the checklist and manuscript do raise some concerns which would require clarification.”

#### Response

We used the checklist to develop the methods section. We have comprehensively revised the methods to be clearer about the analytic process.

“The results do address the research question, but my major concern with the paper is the lack of depth and detail in the qualitative analysis presented.

As already mentioned results are presented mainly as a list of factors, without detailed descriptive accounts of these, without demonstration of links to the underlying data via quotations, and with no indication as to the consensus or otherwise amongst the sample included. It's unclear whether this is a result of word constraints, lack of in-depth underlying data on the broad range of factors identified, or indicative of a lack of in-depth data analysis. Ultimately I do not get a good sense of who the participants are, and a feeling that I am being presented with an in-depth account of their experience, as claimed in the discussion.”

#### Response

We have deepened the results section to accommodate this important criticism and again thank this reviewer for their insightful suggestions. We believe we have undertaken rigorous and deep analysis on this data, but presented this inadequately in the original paper due to word constraints and an overzealous intent to present the essential elements of the relationship in a pithy manner. We believe this revised version addresses this concern within the constraints of word count and the paper is stronger because of this. We thank the reviewer for his suggestions.

### VERSION 2 – REVIEW

|                        |   |
|------------------------|---|
| <b>REVIEWER</b>        | Timo Stähl<br>Technical Officer<br>World Health Organization<br>Switzerland<br><br>I do not have any competing interests. |
| <b>REVIEW RETURNED</b> | 03-Sep-2012   |

|                  |  |
|------------------|--|
| <b>THE STUDY</b> | Authors have not concentrated on research question in this second draft but ""focused less explicitly on the research question and more on these results"??<br><br>The main outcome measure is not clear and methods are not described in detail in a way that was requested e.g. how the analysis was done and categories formed. |
|------------------|--|

|                                  |  |
|----------------------------------|--|
|                                  | <p>Deletion of the table one (characteristics of the participants) resulted in less information of the participants although more was requested.</p> <p>Interview method is not clear (page 5): unstructured interviews but interview guide (box one) was sent beforehand to participants and also used in the interview???</p>  |
| <b>RESULTS &amp; CONCLUSIONS</b> | <p>The results are still on too general level and do not provided detailed insights as requested.</p> <p>Only a few citations from the interviewees were presented which were not enough.</p> <p>Why HiAP was discussed at all since no information was given??</p> <p>The results do not provide "genuine novel in-dept insights" as expressed by the other reviewer.</p> |